

| POSITION            | INITIALS | DATE  |         |
|---------------------|----------|-------|---------|
| FEES DETERMINATION  | OS       | 68225 | 8/27/98 |
| O.I.P.E. CLASSIFIER |          | 10    | 8-28-98 |
| FORMALITY REVIEW    |          | 61581 | 9-4-98  |

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral) Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim | Final<br>Original | Date    |
|-------|-------------------|---------|
| 1     | ✓                 | 8/22/98 |
| 2     | ✓                 | 2/20/98 |
| 3     | ✓                 | 6/20/98 |
| 4     | ✓                 | 6/20/98 |
| 5     | ✓                 | 6/20/98 |
| 6     | ✓                 | 6/20/98 |
| 7     | ✓                 | 6/20/98 |
| 8     | ✓                 | 6/20/98 |
| 9     | ✓                 | 6/20/98 |
| 10    | ✓                 | 6/20/98 |
| 11    | ✓                 | 6/20/98 |
| 12    | ✓                 | 6/20/98 |
| 13    | ✓                 | 6/20/98 |
| 14    | ✓                 | 6/20/98 |
| 15    | ✓                 | 6/20/98 |
| 16    | ✓                 | 6/20/98 |
| 17    | ✓                 | 6/20/98 |
| 18    | ✓                 | 6/20/98 |
| 19    | ✓                 | 6/20/98 |
| 20    |                   |         |
| 21    |                   |         |
| 22    |                   |         |
| 23    |                   |         |
| 24    |                   |         |
| 25    |                   |         |
| 26    |                   |         |
| 27    |                   |         |
| 28    |                   |         |
| 29    |                   |         |
| 30    |                   |         |
| 31    |                   |         |
| 32    |                   |         |
| 33    |                   |         |
| 34    |                   |         |
| 35    |                   |         |
| 36    |                   |         |
| 37    |                   |         |
| 38    |                   |         |
| 39    |                   |         |
| 40    |                   |         |
| 41    |                   |         |
| 42    |                   |         |
| 43    |                   |         |
| 44    |                   |         |
| 45    |                   |         |
| 46    |                   |         |
| 47    |                   |         |
| 48    |                   |         |
| 49    |                   |         |
| 50    |                   |         |

| Claim | Final<br>Original | Date |
|-------|-------------------|------|
| 51    |                   |      |
| 52    |                   |      |
| 53    |                   |      |
| 54    |                   |      |
| 55    |                   |      |
| 56    |                   |      |
| 57    |                   |      |
| 58    |                   |      |
| 59    |                   |      |
| 60    |                   |      |
| 61    |                   |      |
| 62    |                   |      |
| 63    |                   |      |
| 64    |                   |      |
| 65    |                   |      |
| 66    |                   |      |
| 67    |                   |      |
| 68    |                   |      |
| 69    |                   |      |
| 70    |                   |      |
| 71    |                   |      |
| 72    |                   |      |
| 73    |                   |      |
| 74    |                   |      |
| 75    |                   |      |
| 76    |                   |      |
| 77    |                   |      |
| 78    |                   |      |
| 79    |                   |      |
| 80    |                   |      |
| 81    |                   |      |
| 82    |                   |      |
| 83    |                   |      |
| 84    |                   |      |
| 85    |                   |      |
| 86    |                   |      |
| 87    |                   |      |
| 88    |                   |      |
| 89    |                   |      |
| 90    |                   |      |
| 91    |                   |      |
| 92    |                   |      |
| 93    |                   |      |
| 94    |                   |      |
| 95    |                   |      |
| 96    |                   |      |
| 97    |                   |      |
| 98    |                   |      |
| 99    |                   |      |
| 100   |                   |      |

| Claim | Final<br>Original | Date |
|-------|-------------------|------|
| 110   |                   |      |
| 112   |                   |      |
| 113   |                   |      |
| 114   |                   |      |
| 115   |                   |      |
| 116   |                   |      |
| 117   |                   |      |
| 118   |                   |      |
| 119   |                   |      |
| 110   |                   |      |
| 111   |                   |      |
| 112   |                   |      |
| 113   |                   |      |
| 114   |                   |      |
| 115   |                   |      |
| 116   |                   |      |
| 117   |                   |      |
| 118   |                   |      |
| 119   |                   |      |
| 120   |                   |      |
| 121   |                   |      |
| 122   |                   |      |
| 123   |                   |      |
| 124   |                   |      |
| 125   |                   |      |
| 126   |                   |      |
| 127   |                   |      |
| 128   |                   |      |
| 129   |                   |      |
| 130   |                   |      |
| 131   |                   |      |
| 132   |                   |      |
| 133   |                   |      |
| 134   |                   |      |
| 135   |                   |      |
| 136   |                   |      |
| 137   |                   |      |
| 138   |                   |      |
| 139   |                   |      |
| 140   |                   |      |
| 141   |                   |      |
| 142   |                   |      |
| 143   |                   |      |
| 144   |                   |      |
| 145   |                   |      |
| 146   |                   |      |
| 147   |                   |      |
| 148   |                   |      |
| 149   |                   |      |
| 150   |                   |      |

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

BEST AVAILABLE COPY